

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEF	IND	DEF	IND	DEF	
1	/						
2	/						
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47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEF.	22						
TOTAL CLAIMS	24						
TOTAL IND.							
TOTAL DEF.							
TOTAL CLAIMS							